

EXPRESS MAIL:  
DATE DEPOSITED:



EL988725275US  
10/20/2003

PTO/SB/22 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

#12

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
8403.522

Send to: Mail Stop Patent Ext.  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

In re Application of Donald E. Weder	
Application Number 10/090,567	Filed 2/28/02
For FLORAL SLEEVE HAVING EXPANDABLE SIDEWALLS	
Group Art Unit 3643 (Conf. No. 5406)	Examiner J. Gellner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____  |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1700.
- I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

10/20/03  
Date

Signature

Christopher W. Corbett, Reg. No. 36,109

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Adjustment date: 11/21/2003 AKELLEY  
10/22/2003 AWONDAF1 00000135 041700 10090567  
02 FC:1253 950.00 CR

10/22/2003 AWONDAF1 00000135 041700 10090567

02 FC:1253 950.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>11/24/03</u>		2 Serial/Patent # <u>10/090,507</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	12	10/20/03	\$ 950
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 950	
8 TO BE REFUNDED BY:				
10 REASON:		<input checked="" type="checkbox"/> Treasury Check		
	Overpayment	Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Duplicate Payment	9 <span style="border: 1px solid black; padding: 2px 5px;">04--1700</span>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Ext. of Time filed outside six (6) months Statutory Period.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Pets. Exmr.</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>703/308-6711</u>		
OFFICE: <u>Off. of Petitions</u>				
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APPROVED: <u>[Signature]</u>		DATE: <u>11/21/03</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch  
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